



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: SCOTT COUNTY MEMORIAL HOSPITAL

City of Hospital: Scottsburg

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Kelly Ledbetter

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Medicare Provider Number: 151334

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13227260
Outpatient Patient Service Revenue	\$48179692
Total Gross Patient Service Revenue	\$61406952

2. Deductions From Revenue

Contractual Allowance	\$41485735
Other Deductions	\$0
Total Deductions	\$41485735

3. Total Operating Revenue

Net Patient Service Revenue	\$19921217
Other Operating Revenue	\$721823
Total Operating Revenue	\$20643040

4. Operating Expenses

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Salaries and Wages	\$7663467	Employee Benefits	\$1369908
Depreciation and Amortization	\$646309	Interest Expense	\$263127
Bad Debt	\$2267786	Other Expenses	\$7982018
Total Operating Expenses	\$20192615		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$450424	Total Assets	\$10384114
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$2606564
Total Net Gains	\$450424		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$16781578	\$13358663	\$3422915
Medicaid	\$2698740	\$1666367	\$1032373
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$41926634	\$26460705	\$15465929
Total	\$61406952	\$41485735	\$19921217

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$541,282		

	Subtotal	\$541282	\$0	\$541282
Medicare Shortfalls		\$0	\$0	
Other Government Programs		\$0	\$0	
	Total	\$541282	\$0	\$541282

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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